

# Part 3 About other people who live with you – continued

	First person	Second person	Third person
56. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
57. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
58. Date of birth	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>	<input type="text" value=" / /"/>
59. Their relationship to you or your partner Some examples are aunt, brother, daughter, father, grandson, grandmother, stepdaughter, friend, Please also state if they are joint tenant, joint owner, subtenant or boarder. - see Notes for further explanation of these terms	<input type="text"/>	<input type="text"/>	<input type="text"/>
60. Do they get Income Support or income-based Jobseeker's Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
61. Do they get Disability Living Allowance or Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
62. Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
63. Are they a full-time student, a student nurse, a care worker, an apprentice or on youth training?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us which. <input type="text"/>
64. Do they pay rent or money for board and lodgings to you or your partner?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? £ <input type="text"/> a week
65. Are they severely mentally impaired?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
66. Are they in legal custody at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When are they expected to come out? <input type="text" value=" / /"/>
67. Are they in hospital at the moment?	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> When did they go in? <input type="text" value=" / /"/>